



# EMPLOYMENT APPLICATION

PER-001, Rev. 5/98



1. ANSWER ALL QUESTIONS carefully and completely. Type or print in ink.
2. ATTACH ADDITIONAL SHEETS as required.
3. MISSTATEMENTS of any kind may invalidate your application, examination, and subsequent appointment.
4. THE STATE OF CONNECTICUT PROHIBITS DISCRIMINATION in employment on the basis of race, color, religious creed, age, sex, sexual orientation, marital status, national origin, ancestry, criminal record, present or past history of mental disorder, mental retardation or physical disability, including but not limited to blindness, except in those cases where the above are bona fide occupational qualifications. If you feel you are being discriminated against, you have the right to file a complaint with the State of Connecticut Commission on Human Rights & Opportunities.

TO: State of Connecticut, Department of Transportation, Personnel Office, 2800 Berlin Tpke., P.O. Box 317546, Newington, CT 06131-7546

APPLICANT	NAME (Last) (First) (Middle)		SOCIAL SECURITY NO.			
	ADDRESS (No. and Street) (City, State, Zip)		TELEPHONE NO.			
	ARE YOU UNDER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, STATE BIRTH DATE			
EMPLOYMENT DATA	KIND OF POSITION/S APPLYING FOR		MINIMUM SALARY YOU WOULD ACCEPT		DATE AVAILABLE FOR WORK	
	QUESTIONS		YES	NO	IF "YES"	
	1. Have you ever operated any computers, office machines, or heavy equipment? Typing speed _____ wpm (Clerical applicants only)				SPECIFY	
	2. Do you have a current and valid Connecticut drivers license?				CLASS OPERATOR NO.	
	3. Do you have any valid licenses or certificates which authorize you to practice a profession or trade?				KIND	ISSUED BY (State) DATE NO.
					KIND	ISSUED BY (State) DATE NO.
	4. Have you ever been convicted of any violation other than minor traffic offenses?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" STATE FACTS. This information will not necessarily be a bar to your employment.	
	5. Have you ever been discharged or asked to resign from any position? A "YES" answer will not necessarily bar your employment.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mo. & Yr. NAME & ADDRESS OF FIRM	
	STATE CIRCUMSTANCES					
	6. Are you able to satisfactorily perform the duties listed on the job description of the position you are applying for with or without an accommodation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
MILITARY SERVICE	U.S. VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF U.S. VETERAN	DATES OF SERVICE (From, To)			
PREVIOUS STATE SERVICE	IF PREVIOUSLY EMPLOYED BY STATE OF CONNECTICUT, NAME AGENCY AND DATES, AND THE NAME (If different from above) AND EMPLOYEE NUMBER UNDER WHICH YOU WERE PREVIOUSLY EMPLOYED.					

OFFICE USE ONLY

## EDUCATIONAL BACKGROUND

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

☐ YES

☐ NO

☐ YES

☐ NO

UNIVERSITY OR COLLEGE, BUSINESS, CORRESPONDENCE OR TRADE SCHOOL (Name and Location)	MAJOR COURSE OF STUDY	CREDIT HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

INDICATE ANY EXPERIENCE (other than paid work) THAT IS RELATED TO THE POSITION(S) FOR WHICH YOU ARE APPLYING.

## EMPLOYMENT RECORD (Present or most recent first)

1	FROM-TO (Mo., Yr.)	ANNUAL SALARY	POSITION HELD (Briefly describe duties)	REASON FOR LEAVING
	NAME, ADDRESS & PHONE OF FIRM OR COMPANY			
2	FROM-TO (Mo., Yr.)	ANNUAL SALARY	POSITION HELD (Briefly describe duties)	REASON FOR LEAVING
	NAME, ADDRESS & PHONE OF FIRM OR COMPANY			
3	FROM-TO (Mo., Yr.)	ANNUAL SALARY	POSITION HELD (Briefly describe duties)	REASON FOR LEAVING
	NAME, ADDRESS & PHONE OF FIRM OR COMPANY			
4	FROM-TO (Mo., Yr.)	ANNUAL SALARY	POSITION HELD (Briefly describe duties)	REASON FOR LEAVING
	NAME, ADDRESS & PHONE OF FIRM OR COMPANY			

If you are now employed, may we  
contact your present employer?

☐ YES

☐ NO

May we contact your former  
employer?

☐ YES

☐ NO

Please explain a "No" answer to either question:

IN CASE OF EMERGENCY, NOTIFY (Name & Address)

(Tel. No.)

### AFFIRMATIVE ACTION DATA

We ask that you volunteer the following information which we need in order to comply with federal and state reporting requirements and to implement the Agency Affirmative Action Program. The information will not be used as a factor in determining your eligibility for employment.

RACE (X)

SEX (X)

White

Black

Hispanic

Amer. Ind.  
Alas. Nat.

Asian or  
Pacific

Female

Male

I understand that if the position(s) I am applying for is (are) covered by the Federal Highway Administration's (FHWA) Regulations on Drug Use and Alcohol Misuse, CONNDOT must obtain all records and information pertaining to the results of all controlled substance and alcohol screening tests administered to me pursuant to FHWA regulations, including any refusals to undergo such testing by any of my employers within the past two years. I hereby release my former employers and CONNDOT from any and all claims which arise in any way from this information. I understand that this information must be reviewed by CONNDOT to determine my eligibility for position(s). I also understand that any misleading or incorrect information, misrepresentation, or omission of employers within the past two years may render my application for employment or transfer void, or may result in my disqualification or immediate dismissal whenever discovered.

I certify that I am the person named in the foregoing application and that all information therein contained is true, complete and correct to the best of my knowledge and belief. I understand that incomplete or false statements may result in my disqualification for the position(s) applied for or immediate dismissal whenever discovered.

I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the Connecticut Department of Transportation.

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_\_